

health) services, social services, educational and other services.

The Division develops Repatriation plans to make arrangements and approve payments for temporary assistance to certain U.S. citizens and dependents repatriated from foreign countries, and for the hospitalization of certain U.S. Nationals repatriated because of mental illness.

Dated: May 17, 1995.

Mary Jo Bane,

Assistant Secretary for Children and Families.

[FR Doc. 95-12551 Filed 5-22-95; 8:45 am]

BILLING CODE 4184-01-M

Centers for Disease Control and Prevention

[Announcement 553]

Cooperative Agreement for Adult Blood Lead Epidemiology Surveillance Programs and/or Intervention Projects to Prevent Adult Lead Poisoning

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for new and competing continuation of State-Based Adult Blood Lead Epidemiology and Surveillance Programs (ABLES) and intervention projects to prevent adult lead poisoning in high-risk industries and occupations. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (To order a copy of Healthy People 2000, see the Section Where To Obtain Additional Information.)

Authority

This program is authorized under the Occupational Safety and Health Act of 1970, section 20(a), (29 U.S.C. 669(a)), and section 22(e)(7), (29 U.S.C. 671(e)(7)).

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Environmental Justice Initiative

Activities conducted under this announcement should be consistent with the Federal Executive Order No. 12898 entitled "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations." Awardees, to the greatest extent practicable and permitted by law, shall make achieving environmental justice part of its program's mission by identifying and addressing, as appropriate, disproportionately high and adverse human health and environmental effects of lead on minority populations and low-income populations.

Eligible Applicants

Eligible applicants must have regulations for reporting blood lead levels or provide assurances that such regulations will be in place within six months of awarding the cooperative agreement. Eligible applicants are State health departments or other State health agencies or departments deemed most appropriate by the State to direct and coordinate the State's adult lead poisoning prevention program. This eligibility includes health departments or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States. Also eligible are federally recognized Indian tribal governments.

Note: Other official State and territorial agencies with occupational safety and health jurisdiction may also apply. Applicants other than health departments must apply in collaboration with and through their State and territorial health department.

For Surveillance Funds Only: Eligible applicants must have regulations for reporting of blood lead (PbB) levels by both public and private laboratories or provide assurances that such regulations will be in place no later than September 30, 1995. This program is intended to initiate and build capacity for surveillance of adult PbB levels. Therefore, any applicant that already has in place a PbB level surveillance activity must demonstrate how these grant funds will be used to enhance, expand or improve the current activity, in order to remain eligible for funding. CDC funds should be added to blood-lead surveillance funding from other sources, if such funding exists. Applicants other than State health departments must apply in conjunction with their State or territorial health department. If a State agency applying for cooperative agreement funds is other than the official State health

department, written concurrence by the State health department must be provided.

(In order to compete for additional funding, applicants that are currently being funded for "Adult Blood Lead Epidemiology and Surveillance" programs must submit new supplemental proposals for their surveillance activities, and/or a proposal for an intervention project. These supplements must meet all the above eligibility and will be evaluated as a part of the surveillance program/intervention project objective review.)

Availability of Funds

Surveillance/Intervention Funds

Approximately \$539,500 will be available in FY 1995. These funds will be awarded as follows:

Surveillance Programs

A. Approximately \$81,000 to fund up to three cooperative agreements for States currently without a lead surveillance program but who meet the eligibility criteria. These awards are expected to range from approximately \$25,000 to \$30,000 with the average award being approximately \$27,000.

B. Approximately \$278,500 to fund up to thirteen cooperative agreements. Eligible applicants include those States currently receiving CDC/NIOSH ABLES support and those which provide quarterly data to the national reporting system. These awards are expected to range from \$20,000 to \$22,000, with the average award being approximately \$21,500.

Intervention Project(s)

C. Approximately \$180,000 to fund up to two cooperative agreements for intervention projects. These awards are expected to range from \$80,000 to \$100,000, with the average award being approximately \$90,000.

The new awards are expected to begin on or about September 30, 1995. New awards for surveillance programs listed under Parts A and B are made for 12-month budget periods within project periods not to exceed 5 years. Awards for Intervention project(s) under Part C are made for a project period of one year. Funding estimates outlined above are subject to change based on the actual availability of funds and the scope and quality of applications received. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

These awards are intended to develop, expand, or improve adult blood lead epidemiology and

surveillance programs and/or develop statewide capacity for conducting surveillance of elevated blood-lead levels. Funds for intervention projects are for the development and conduct of projects to reduce adult lead poisoning. Cooperative agreement funds should be used to increase the level of expenditures from State, local, and other funding sources. Awards will be made with the expectation that expanded or improved surveillance activities will continue when awarded funds are terminated at the end of the project period.

Purpose

This program is intended to initiate and build capacity for blood lead level surveillance and/or conduct interventions to prevent adult lead poisoning. Therefore, any applicant that already has a blood lead level surveillance activity in place must demonstrate how these cooperative agreement funds will be used to enhance, expand, or improve the current activity in order to remain eligible for funding.

Cooperative agreement funds should be added to blood lead surveillance funding from other sources, if such funding exists. Funds for this program may not be used in place of any existing funding for blood lead surveillance or intervention activities. Funds should be used to: (1) Collect data on adults with elevated blood lead levels; (2) identify possible sources of lead exposure; (3) monitor medical, occupational, and environmental management of lead-poisoned adults; (4) provide information on adult lead poisoning and its prevention and management to the public, health professionals, and policy and decision makers; (5) encourage and support community-based programs directed to the goal of eliminating adult lead poisoning; and (6) build capacity for conducting surveillance of elevated blood lead (BLL's) levels in adults.

Cooperative Agreement funds for surveillance are to be used to develop and implement complete surveillance systems for blood lead levels in adults to ensure appropriate targeting for high-risk industries and occupations and track progress in the elimination of adult lead poisoning. Intervention funds are to be used to develop effective models for intervention in the prevention of adult lead poisoning.

Surveillance Programs

This cooperative agreement program is intended to assist State health departments or other appropriate agencies to implement a complete blood lead surveillance activity. For the

purpose of these programs a complete blood lead surveillance activity is defined as a process which: (1) Systematically collects information over time about adults (primarily workers) with elevated BLL's using laboratory reports as the data source; (2) collects follow-up information on industry and occupation of individuals identified on laboratory reports; (3) provides for the follow-up of cases, including field investigations when necessary; and (4) provides timely and useful analysis and reporting of the accumulated data.

Intervention Projects

The purpose of these awards is to assist State health departments or other appropriate agencies to develop effective models for intervention in the prevention of occupational lead poisoning. In particular, the focus should be on lead-using industries and occupations covered under the Occupational Safety and Health Administration (OSHA) Lead Standard for General Industry (29 CFR 1025.1910) or the Construction Standard (29 CFR part 1926) to determine methods for effective interventions to control lead exposures and reduce blood lead levels. An effective intervention strategy developed by the program will serve as a model for other programs nationally.

Goals

Surveillance Programs

The *surveillance* component of this announcement is intended to assist State health departments or other appropriate agencies to implement a complete surveillance activity for BLL's in adults. Development of surveillance systems at the local, State and national levels is essential for targeting interventions to high-risk industries and occupations and for tracking progress in eliminating adult poisoning.

The goals of the ABLES program are to:

1. Increase the number of State health departments with surveillance systems for elevated BLL's;
2. Build the capacity of State- or territorial-based BLL surveillance systems;
3. Use data from these systems to conduct national surveillance of elevated BLL's;
4. Disseminate data on the occurrence of elevated BLL's to government agencies, researchers, employers, and medical care providers;
5. Direct intervention efforts to reduce occupational and environmental lead exposure;
6. Characterize reports by industry and occupation to assist with targeting

educational outreach efforts and prevention activities.

Intervention Project(s)

Intervention funds are to be used for developing effective models for intervention in the prevention of adult lead poisoning. The goals are to:

1. Develop a model for intervention related to lead poisoning targeting high-risk industries or occupational businesses;
2. Build occupational disease prevention capacity via State health departments or other appropriate agencies at the State, or local level;
3. Design, field test, demonstrate, and evaluate the effectiveness of the intervention.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for conducting activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

The following requirements are for surveillance only cooperative agreement projects:

A. Recipient Resources and Activities

1. Develop effective, well-defined, working relationships with childhood lead poisoning prevention programs within the applicants' State.
2. Refine and implement, in collaboration with CDC/NIOSH, the methodology for surveillance as proposed in the respective program application.
3. Provide collaborative partnerships with CDC/NIOSH in any interim and/or final evaluation of the surveillance activity.
4. Monitor and evaluate all major program activities and services.
5. Demonstrate experience or access to professionals knowledgeable in conducting and evaluating public health programs.
6. Develop ability to translate program findings to State and local public health officials, policy- and decision-makers, and to others seeking to strengthen program efforts.

B. CDC/NIOSH Activities

1. Provide technical assistance and consultation in the implementation of the surveillance activities throughout the project period.
2. Provide a format for reporting surveillance data to CDC/NIOSH.
3. Analyze and provide summary surveillance data for national reporting.
4. Provide timely feedback to the recipient from the review of quarterly

reports on the program activities conducted by the recipient.

5. Provide assistance in the conduct of field investigations at the recipient's request and as resources permit.

The following requirements are for Adult Lead Poisoning Intervention only projects:

A. Recipient Activities

1. Hire or establish a full-time director/coordinator with authority and responsibility to carry out the requirements of intervention project activities.
2. Collaborate with CDC/NIOSH to refine the methodology for the proposed intervention as described in the program application.
3. Develop and document all facets of the intervention program.
4. Develop plan for evaluating intervention process and outcomes.
5. Evaluate the model program using CDC Prevention Effectiveness Criteria.

B. NIOSH/CDC Activities

1. Provide technical assistance and consultation in the implementation of the model program throughout the project period.
2. Provide assistance in the conduct of field investigations and intervention efforts, at the recipient's request.
3. Provide guidelines for evaluating the intervention activities and technical assistance for the evaluation.

Note: Applicants may submit proposals for surveillance programs and/or intervention project(s).

Evaluation Criteria

The review of applications will be conducted by an objective review committee who will review the quality of the application based on the strength and completeness of the plan submitted. The budget justification will be used to assess how well the technical plan is likely to be carried out using available resources. The maximum ratings score of an application is 100 points.

A: The Factors To Be Considered in the Evaluation of Applications for Surveillance Program Funds Only Are

1. Surveillance Activity (35%)

The clarity, feasibility, and scientific soundness of the surveillance approach. Also, the extent to which a proposed schedule for accomplishing each activity and methods for evaluating each activity are clearly defined and appropriate.

The following points will be specifically evaluated:

- a. How laboratories report PbB levels.
- b. How data will be collected and managed.

- c. How data quality and completeness of reporting will be assured.
- d. How and when data will be analyzed.
- e. How summary data will be reported and disseminated.
- f. Protocols for follow-up of individuals with elevated PbB levels.
- g. Provisions to obtain industry and occupation data.

2. Progress Toward Complete Blood-Lead Surveillance (30%)

The extent to which the proposed activities are likely to result in substantial progress toward establishing a complete State-based PbB surveillance activity (as defined in the **PURPOSE** Section).

3. Project Sustainability (20%)

The extent to which the proposed activities are likely to result in the long-term maintenance of a complete State-based PbB surveillance system. In particular, specific activities that will be undertaken by the State during the project period to ensure that the surveillance program continues after completion of the project period.

4. Personnel (10%)

The extent to which the qualifications and time commitments of project personnel are clearly documented and appropriate for implementing the proposal. (Project requires full-time director/coordinator with authority and responsibility to carry out the requirements of surveillance program activities. Position must be approved by the applicant's personnel system.)

5. Use of Existing Resources (5%)

The extent to which the proposal would make effective use of existing resources and expertise within the applicant agency or through collaboration with other agencies.

6. BUDGET (Not Scored)

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds.

B: The Factors To Be Considered in the Evaluation of Applications for Intervention Project Funds Only Are

1. The clarity, feasibility, and scientific soundness of the approach. The following will be specifically considered: (30%)

- a. Who will be targeted for the intervention?
- b. How will the intervention be conducted and by whom?
- c. How will the intervention be evaluated?
- d. How will the data be analyzed?

2. The extent to which the proposed activities are likely to result in the development and execution of a model intervention strategy to prevent and reduce occupational lead poisoning in high-risk industries or occupations. (25%)

3. The extent to which the proposed schedule for accomplishing each of the project activities and the methods for evaluating each activity are clearly defined and appropriate. (15%)

4. The extent to which the proposed activities are feasible and a plan for documenting all facets of the intervention is provided such that the model program may be adopted by other health departments or appropriate agencies or organizations. (15%)

5. The extent to which the qualifications and time commitments of project personnel are clearly documented and appropriate for implementing the proposal. (10%)

6. The extent to which the proposal would make effective use of existing resources and expertise within the applicant agency or through collaboration with other agencies. (5%)

7. The extent to which the budget is reasonable, clearly justified and consistent with the intended use of funds. (not scored)

Funding Priorities

Applicants applying for ABLES surveillance funds will be considered in two categories:

Priorities

(A) Approximately \$81,000 to fund up to three new cooperative agreements (new is defined as ABLES programs not currently supported by CDC/NIOSH) who meet the eligibility requirements.

(B) Approximately \$278,500 will be available to fund up to thirteen cooperative agreements for those States currently receiving CDC/NIOSH ABLES funding or for those States which provide quarterly data to the national surveillance program but are not supported monetarily by CDC/NIOSH. High priority will be given to proposals which devise strategies for enhancing their current surveillance system by coding industry and occupation and developing augmentation efforts such as calculation of State-specific rates.

(C) Approximately \$180,000 will be available to fund up to two cooperative agreements for intervention projects targeting high-risk industries and occupations (high-risk defined as the potential for highest lead exposures based on investigations of worksites or targeting worker populations where cases of elevated blood lead levels persist.) Eligible applicants may also

apply for intervention project funds in addition to surveillance funds and should develop separate proposals, within the same request for assistance, for intervention projects.

Interested persons are invited to comment on the proposed funding priority. Comments received within 30 days after publication in the **Federal Register** will be considered before the final funding priority is established. If the funding priority should change as a result of any comments received, a revised announcement will be published in the **Federal Register**, and revised applications will be accepted prior to final selection of awards.

Written comments should be addressed to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305.

Executive Order 12372 Review

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372. E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. Indian tribes are strongly encouraged to request tribal government review of the proposed application. A current list of SPOCs is included in the application kit.

If the SPOCs or tribal governments have any State process or tribal process recommendations on applications submitted to CDC, they should send them to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 60 days after the application due date. The granting agency does not guarantee to "accommodate or explain" State or tribal process recommendations it receives after that date.

Public Health System Reporting Requirement

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.197.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Application Submission and Deadline

The original and two copies of the PHS 5161-1 (Revised 7/92, OMB Number 0937-0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305 on or before July 14, 1995.

1. Deadline: Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission for the review process. Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

2. Late Applications: Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 553. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6796.

Technical assistance on surveillance programs and/or intervention projects may be obtained from Robert Roscoe, M.S., Epidemiologist, ABLES Project Officer, or Shiro Tanaka, M.D., Division of Surveillance, Hazard Evaluations and Field Studies, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 4676 Columbia Parkway, Mailstop R-21, Cincinnati, OH 45226, telephone (513) 841-4353.

Please refer to Announcement Number 553 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: May 15, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-12545 Filed 5-22-95; 8:45 am]

BILLING CODE 4163-19-P